



EMPLOYEES' PROVIDENT FUND ORGANISATION ,INDIA
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. 31014031900006200908

DETAILS OF THE EMPLOYEE:

NAME:AMIT KUMAR PANDEY	DATE OF BIRTH: 12/04/1991
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100080528089	AADHAAR NUMBER: 0
PERMANENT ADDRESS: VILLAGE- GYAN CHHAPARA, POST- ANDILA DEORIA DEORIA UTTAR PRADESH 274604	EMAIL ID /CONTACT PHONE NUMBER: pandey.amit4@tcs.com 7715098753

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER:L7504476	DATE OF ISSUE: 05/03/2014
PLACE OF ISSUE: LUCKNOW	VALID UPTO: 04/03/2024

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: TATA CONSULTANCY SERVICES LIMITED	ESTABLISHMENT PF CODE NO: MHBAN0048475000
ESTABLISHMENT ADDRESS: 11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT, MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021	EMAIL ID /CONTACT PHONE NUMBER: corporate.socialsecurity@tcs.com
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	BELGIUM
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 20/06/2019 TO(DD/MM/YYYY) : 19/06/2021

DETAILS OF THE EMPLOYER & PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE GOING TO WORK :

NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: NATIONALE MAATSCHAPPIJ DER BELGISCHE SPOORWEGEN (NMBS) LENNEKE MARELAAN , ST-STEVEN'S-WOLUWE, POSTAL	EMAIL ID /CONTACT PHONE NUMBER: corporate.socialsecurity@tcs.com 2263716307
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY

Joint undertaking by the employer and employee:

We hereby undertake that :

The employer shall continue to contribute in respect of this employee in India during the period of posting abroad during which time the employer-employee relationship shall be maintained. The employer shall inform EPFO about any change in the employment status/secondment of the posted employee during the currency of this certificate. The Employee shall inform EPFO, about any loss/theft of this Certificate. The Employee and Employer shall be jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, If any.

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Signature of Employee with Date

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Signature of Employer with Date and Stamp